

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>5759</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Terry</u> <u>P</u> <u>Nali</u> P.O. Box, Bldg., Room No., if any Street <u>7017 Halstead Dr.</u> City <u>Minnetrista</u> State <u>Minnesota</u> ZIP Code + 4 <u>55364-3201</u>	4. Name, file number, and address of labor organization. Name <u>Lakes & Plains Regional Council of Carpenters</u> Labor Organization File Number <u>032260</u> P.O. Box, Building and Room Number, if any Street <u>700 Olive St</u> City <u>St Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55101-4405</u>
5. Position in labor organization. <u>Field Agent / Trust Funds Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Terry P. Nali

On 3/13/2006

Date

952-472-9072

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administrators

Trade Name, if any: Twin City Floorcovering Fringe Fund

P.O. Box, Bldg., Room No., if any

Street 2520 Pilot Knob Rd

City Mendota Heights

State Minnesota ZIP Code + 4 55120

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Twin City Floor Covering Fringe Benefit Fund

Trade Name, if any: c/o Zenith Administrators

P.O. Box, Bldg., Room No., if any

Street 2520 Pilot Knob Rd

City Mendota Heights

State Minnesota ZIP Code + 4 55120

11.a. Nature of such dealing.

Continuing Education Classes attended - Intl
Foundation of Employee Benefits Program
Included: Airfare, Conference Registration, Hotel and
Conference expenses

11.b. Approximate dollar value of such dealing.

\$2,787

12.a. Nature of interest held or income received.

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0